



AGENCY APPLICATION

Agreement between Victours and

Name of Agency: _____

Address of agency: _____

Owner or President: _____

Telephone No.: (_____) _____ Fax: (_____) _____

E-Mail address: _____

Contact Person: _____ Title: _____

Contact Person Birth date: MM/DD _____

Additional Information of agency:

IATA/TIDS #: _____ - _____ Provincial Registration#: _____

GST #: _____

Established in: _____ Current ownership since: _____ Corporate Leisure Both

CRS Systems: _____ / _____ Puesto city code: _____ / _____ # of Sets:
_____ / _____

of Employees: _____

Bank Name: _____

Address/Tel: _____

Number of years with the above bank _____

Reference1/Name: _____

Telephone#/Address of Reference: _____

Reference 2/Name: _____

Telephone#/Address of Reference: _____

Reference 3/Name: _____

Telephone#/Address of Reference: _____

The Agency will be placed on “certified cheque or Cash only” until this form has been processed
The Agency accepts full responsibility for all cheque, credit card payments and for any transactions
done by its employees. The Agency also acknowledges that it will procure all relevant documents
including but not limited to imprint of credit card, signatures on a UCCF and compare signatures on
the card with the charge form. The Agency further acknowledges and accepts that it will be respon-
sible for any financial loss including merchant charge back fee incurred due to credit card disputes
and charge backs.

Please complete this form and fax it to Victours **416 736 8533**

Agency Manager: _____
Name Signature Date

Agency Accounting Manager: _____
Name Signature Date

Agency Owner: _____
Name Signature Date